

**APPLICATION FOR EMPLOYMENT**

CITY OF WICHITA  
PERSONNEL DIVISION-SECOND FLOOR  
455 NORTH MAIN  
WICHITA, KANSAS 67202  
Office: 316-268-4531 Fax: 316-268-4286  
www.wichitagov.org  
AN EQUAL OPPORTUNITY EMPLOYER



INSTRUCTIONS: Print in ink, use a typewriter or fill out on-line. The information you enter will be used to judge your qualifications. Give complete and concise information. We can consider only the education and experience shown on this application. You must be able to substantiate all statements made.

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(last) (First) (Middle)

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ MESSAGE OR WORK PHONE ( ) \_\_\_\_\_ APPLICATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ POSITION APPLYING FOR \_\_\_\_\_

**Indicate the Type of Position You Will Accept:**

- ? Full Time  
? Part Time (less than 40 hours per week)  
? Summer or Seasonal

**Indicate Your Availability for the Following:**

- ? First Shift                      ? Second Shift  
? Third Shift                      ? Rotating / Relief Shift

**YOU ARE:**

- ? Over 18  
? Under 18

If under 18, your birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are applying for a position in the Police or Fire Department, or Airport Safety, enter birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Minimum Salary Acceptable \$ \_\_\_\_\_ If hired, when could you begin work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever worked for the City of Wichita?    ? Yes    ? No    If yes, provide the position and dates of employment:

Position \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Name when employed (if different) \_\_\_\_\_  
Month/year                      Month/year

Are any of your relatives (by blood or marriage), or anyone who lives in your residence, employed by the City of Wichita?    ? Yes    ? No

If yes, what Department(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

Are you a citizen or national of the United States?    ? Yes    ? No

If you are not a citizen, are you an alien lawfully admitted into the United States?    ? Yes    ? No

If you are not a citizen or a permanent resident, do you have authorization for employment in the United States?    ? Yes    ? No    If yes, authorization type: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

If you are applying for a position that requires operation of motor vehicles: Do you have a valid Driver's License?    ? Yes    ? No

Driver's License Number (specify state) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a CDL?    ? Yes    ? No    Endorsements: \_\_\_\_\_

## ➡ EDUCATION AND TRAINING

**High School:** Did you graduate?   ? Yes   ? No      If no, do you have a GED?   ? Yes   ? No

### Colleges / Universities:

Name & Address	Major	Minor	Degree or Hours completed
Name & Address	Major	Minor	Degree or Hours completed
Name & Address	Major	Minor	Degree or Hours completed

### Business, Vocational, Technical or Correspondence Schools:

Name & Address	Type of Course Work	Course Work Completed? ÿ Yes   ÿ No	Completion Requirements (including hours in class, etc.)
Name & Address	Type of Course Work	Course Work Completed? ÿ Yes   ÿ No	Completion Requirements (including hours in class, etc.)

List any special skills you have or equipment you can operate (office machines, construction equipment, computer software, etc.): \_\_\_\_\_

List any special certificates or qualifications you have (CPA, R.N., Plumber's License, Teacher, etc.): \_\_\_\_\_

Have you ever been in the military service of the United States?   ? Yes   ? No    If yes, branch of service   \_\_\_\_\_ From   \_\_\_\_\_ To   \_\_\_\_\_

What military training (if any) did you have that is related to the position you are applying for? \_\_\_\_\_

These questions do not necessarily bar you from employment. Each case is considered in relation to the position you are applying for.

Have you ever been convicted of a criminal offense?   ? Yes   ? No    If yes, where did the offense(s) occur? County & State \_\_\_\_\_

Were you ever discharged from the U.S. Military with anything less than an honorable discharge?   ? Yes   ? No    If yes, specify type. \_\_\_\_\_

## ➡ EMPLOYMENT HISTORY

Start with your present or last job. This information will be used in rating your experience. Please provide this information even if you are including a resume. If you have held more than three jobs, attach an additional sheet or resume.

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	CURRENT SALARY	SUPERVISOR	REASON FOR LEAVING
NAME	From	\$	NAME	
ADDRESS	To		TITLE	
LAST OR CURRENT POSITION	Time in position:	STARTING POSITION		Time in position:

Job Title \_\_\_\_\_ Describe in detail the type of work performed \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	CURRENT SALARY	SUPERVISOR	REASON FOR LEAVING
NAME	From	\$	NAME	
ADDRESS	To		TITLE	
LAST OR CURRENT POSITION	Time in position:	STARTING POSITION		Time in position:

Job Title \_\_\_\_\_ Describe in detail the type of work performed \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	CURRENT SALARY	SUPERVISOR	REASON FOR LEAVING
NAME	From	\$	NAME	
ADDRESS	To		TITLE	
LAST OR CURRENT POSITION	Time in position:	STARTING POSITION		Time in position:

Job Title \_\_\_\_\_ Describe in detail the type of work performed \_\_\_\_\_

Were you ever discharged or forced to resign from any position?   ? Yes ? No   If yes, why? \_\_\_\_\_

May we contact your current and previous employers?   ? Yes ? No   If no, why not? \_\_\_\_\_

Write a brief statement of your qualifications for this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK-RELATED References (not relatives):

NAME	ADDRESS	PHONE
1. _____		
2. _____		
3. _____		

I affirm that my answers to the foregoing questions are true and correct to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I hereby authorize the investigation of all statements made in this application and I hereby release from liability all persons, companies, or corporations supplying any information concerning me. I understand that any misrepresentation of the above information shall be sufficient grounds for disqualification or dismissal. In consideration of my employment, I agree to conform to the rules and regulations of the City of Wichita. I understand that my employment and compensation may be terminated at any time, with or without cause, and with or without notice, at the option of either the City or myself. I understand that no representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the terms set out in this paragraph, unless specifically authorized in writing.

I further understand that to be hired for this position, I will be subject to drug screening, a physical exam, a police record check, and, if applicable, a driver's license check. I consent to these conditions.

\_\_\_\_\_

APPLICANT SIGNATURE

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_

Hire As _____	Start Work Date _____	Time _____
Report To _____	Division _____	Date _____
Location _____	Supervisor _____	